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H O M E L E S S Y O U T H I N S A N F R A N C I S C O

SUBMITTED BY:

THE MAYOR'S CRIMINAL JUSTICE COUNCIL

Through the efforts of:
The Homeless Youth Subcommittee of the
AB/90 Youth Services Task Force

MARCH, 1984

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SUMMARY OF FINDINGS

- * There are an estimated 1,000 homeless youth on San Francisco's streets every night; these homeless youth come from every racial and ethnic group in the city.
- * Many of the homeless youth are "throwaways" -- that is, their families forced them out, often through physical and sexual abuse. This seems particularly true of the female runaways. Many boys appear to have been forced out due to their self-identification as gay.
- * The number of undocumented minors from Central and South America is increasing at a rapid rate.
- * Foster care placement failures appear to form a significant percentage of the out-of-county and out-of-state homeless youth.
- * Drug abuse is common among the homeless population. This frequently leads to severe medical and psychiatric problems.
- * There appears to be a high incidence of prostitution among this population or, at the very least, a trading of sexual favors in exchange for necessities. This often only perpetuates physical and sexual abuse of these children, abuse that many of them had tried to flee by running away.
- * Lack of adequate shelter, lack of nutrition, lack of guidance, drug abuse and the "street" lifestyle all contribute to homeless youths' serious physical and mental problems.
- * Many homeless youth are afraid of the social service delivery system and therefore only come to medical care when in dire need. This leads to under-treatment and to a high incidence of severe physical and emotional diseases.
- * The service delivery system for the out-of-county and out-of-state homeless population is especially inadequate and ineffective since there are gaps in service presently being provided by D.S.S and the Juvenile Probation Department.
- * Federal administration rule changes limiting foster care payments to youth under 18 have made it very difficult to find placements for teens approaching that age. This is a particularly severe problem for those adolescents who are mentally ill and who need supervised care.
- * Although it is desirable to return the children to their home communities, it is not always feasible or in the best interest of every child to do so.

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INTRODUCTION

In December, 1982 San Francisco began to implement an expanded emergency shelter program for the increasing number of homeless adults in the City. At the same time a growing concern over the plight of homeless youth began to emerge.

On April 11, 1983 the Board of Supervisors passed a resolution urging the Mayor to appoint a Task Force whose function would be to develop a comprehensive strategy and specific proposals for the delivery of services to homeless youth. Subsequently, Mayor Dianne Feinstein designated a special committee within the Youth Services/AB 90 Task Force of the Mayor's Criminal Justice Council to accomplish this goal.

For purposes of their study, the Committee defined homeless youth as follows:

Any person under the age of eighteen years who is destitute, or who is not provided with the necessities of life, or who is not provided with a home or suitable place of abode. Such youth include but are not limited to youth who are:

- * Both males and females involved in prostitution or other street hustling in order to survive;
- * Runaways who are at risk of prostitution and drug involvement, including both San Francisco and out-of-county youth;
- * Older teenagers who have failed in placement or who have been inappropriately placed in the foster care system and have fled from it;
- * Unaccompanied minors originating from outside the United States.
- * Minors who are "pushed out" of their homes and have no permanent alternative.

Over the next several months the Committee reviewed numerous reports and studies which explored the problems of homeless and street youth. Additionally, the Committee also heard testimony from a wide variety of people (which included medical practitioners, researchers, mental health specialists, probation officers, social workers, community agency and group home providers, police officers, foster parents and homeless youth themselves) regarding their perspective on the nature and scope of the homeless youth problem. Finally, a citywide survey of community-based agencies was also conducted to gain a broader perspective on the scope of this problem.

In combination with a review of the research, the testimony received from presenters served as the foundation from which this report emanates.

MEMORANDUM

1. The purpose of this memorandum is to provide information regarding the proposed changes to the existing policy on the use of company vehicles for personal use.

2. The proposed changes are as follows: (a) The use of company vehicles for personal use will be limited to emergency situations only. (b) The use of company vehicles for personal use will be limited to a maximum of 100 miles per month. (c) The use of company vehicles for personal use will be limited to a maximum of 10 days per month.

3. The proposed changes are necessary to ensure the efficient use of company resources and to minimize the risk of misuse of company vehicles.

4. The proposed changes are consistent with the company's policy on the use of company resources and are in line with the company's commitment to responsible management.

5. The proposed changes are subject to the approval of the Board of Directors.

6. The proposed changes are effective as of the date of the Board of Directors' approval.

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A. HOW MANY HOMELESS YOUTH ARE THERE?

It must be recognized that homelessness among children is not a phenomenon unique to San Francisco. A recent Congressional study estimated that there are between 250,000 and 500,000 homeless youth in the United States. Further, the Youth Development Bureau of the Department of Health and Human Services estimates that some 350,000 of the young people who left home last year are homeless children with no where to turn. The Boston Police Department estimated recently that there are 3,500 homeless youth in that city. The New York State Division for Youth estimates that there may well be some 20,000 homeless youth in New York City at any given moment.

For purposes of our study, the Homeless Youth Subcommittee of MCJC defined a homeless youth as any person under the age of 18 years who is destitute, or who is not provided with the necessities of life, or who is not provided with a home or suitable place of abode. Such youth include but are not limited to youth who are: 1) both males and females involved in prostitution or other street hustling in order to survive; 2) runaways who are at risk of prostitution and drug involvement, including both San Francisco and out-of-county youth; 3) older teenagers who have failed in placement or who have been inappropriately placed in the foster care system and have fled from it; 4) unaccompanied

investigation undertaken by two Hispanic workers on the staff of the Department of Social Services developed a conservative estimate of between 200 and 300 youth living on the streets who are between the ages of ¹/₉ nine and 21, with the mean age of 13-16. This group is drawn from legal residents, Latino children from other parts of the U.S., and a large contingent of undocumented individuals fleeing war-torn Central American countries. These youth do not generally appear in the numbers of youth seen at the aforementioned medical centers are reluctant to seek medical treatment because they fear being reported to the authorities.

There are large numbers of local youth among the homeless. A study of high risk youth and families living in San Francisco found that only one in four of the youth lived with his/her parent at any time in the three year study period. Most of the moves made by the youth were either to the streets or to a friend or relative. Frequently, the parents did not know where their child was living. For many of these children, the act of running away was a reaction to family stress and tension. The proportion of local children among the status offender population at the Youth Guidance Center is about two-thirds. The proportion of local residents seen at Hickieberry House is over 50%.

A seventeen year old girl, "Jeanna", described what appears to be a typical story of a local homeless youth. She stated

she could not live at home due to disagreements with her father and had been surviving on her own since the age of thirteen. She hung around the Western Addition projects, got intoxicated, did drugs, and hustled. She had gotten pregnant but lost the baby after being beaten badly. Three friends of hers had been murdered in drug related incidents. She had felt that her family did not care about her, that she had no one to talk to, that she did not even have children her own age to relate to since all the ones she knew were so burdened by multiple problems. Fortunately, she had managed to make a connection to a counselor at the Community Street Work Center in the Mission District.

B. WHO ARE THEY?

Many young people are "runaways" without safe homes to which they may return. Many youth are fleeing abusive, chaotic families. Interviews with high-risk youth from local San Francisco families revealed that three out of five youth had been victimized. Girls and women in the study were particularly likely to have been sexually abused. Vice Squad officer Sue Pavloff noted that about 50% of the girls she picked up for prostituting were repeat runaways and were family throwaways, that is, the family did not want them back. Mimi Silbert, who conducted a major study of juvenile and adult female prostitutes in San Francisco, found that two-thirds of the women had been sexually abused and one-half

of them had been physically abused at home. Ninety-six percent had run away from home and over half of the women had started prostituting at the age of 16 or under. These girls had developed a clear, narrow identification at a young age with a population defined as deviant. Because the family abuse was unrelated to anything the girls did, the girls developed a victim profile of "learned helplessness and emotional paralysis." This profile allowed them to become easy prey of pimps and madams who promised to take care of them. It also left them easy prey to abuse after they became prostitutes.

Boys display a similar victim profile and often come from family backgrounds marked by physical and/or sexual abuse. A significant number of adolescent male prostitutes are identifying themselves as gay, and many of these youth run from and/or are forced out of their families because of conflict over their sexual identification.

The subcommittee heard testimony from a youth who had become involved in San Francisco's street scene. He had run away from an abusive home at the age of 13. He had had poor experiences with foster homes and group homes, and stated that he felt the only alternatives for boys like him were "Juvie or being sent back to a family that doesn't want you anyway."

John felt that he was pressured out of his home and school when he decided he was gay at the age of 13. He stayed alive by hustling in Seattle. At the age of 15 he moved to Portland, "then to the next big scene, San Francisco." He thought it was going to be a lot easier finding acceptance and making a living. Instead it was a "more intense and bigger scene than Seattle," and he became involved in drugs and prostitution. He and the other boys turning tricks on Polk Street tried to look out for each other. Working in pairs, one boy would try to get a look at the john and the john's license plate as his buddy hopped in the car.

John decided to get out of prostitution when his friend did not come back from a trick. He told the police that his friend had disappeared, but he was told that he would have to wait 72 hours before any action would be taken.* Frightened, John sought refuge at Huckleberry House. He soon left Huckleberry House and returned to the streets, but was thoroughly frightened when his friend's body was found in the Santa Cruz mountains. At that point he returned to Huckleberry House and used their services to try and establish a new life style.

Many youth, of course, leave home for reasons other than conflict over their sexual orientation or because of abusive home settings. The unaccompanied minors from outside the U.S. often leave home over cultural conflicts. These children have experienced difficulties in the acculturation process. The conflict between parental values of their country of origin and those of the legal resident children

*It is the policy of the S.F. Police Department that action is taken immediately after a missing children report has been made.

and young adults have contributed to the disruption of the family. Also, many of the families are of limited economic means and found it financially impossible to adequately care for additional children. Both these problems may have played a role in the history of Enrique, a legal U.S. citizen, although he speaks almost no English and spent most of his young life in Mexico.

Enrique had been born in the U.S. but had returned home with his family to Mexico. In order to improve his economic position, his family had sent him back to San Francisco to stay with his godfather. He went to high school here. After Enrique and two other boys had broken the arm of a another boy in a schoolyard fight, his godfather threw Enrique out of the house. Wanting to continue to meet his family's ambitions for him, he enrolled in the Real Alternatives Program (RAP) youth jobs program while drifting from one unsatisfactory shelter to another.

For a while, he tried to sleep in the donut shop at 20th Street and Mission. He had to be careful how he did it because they threw out anyone who was obviously asleep. Then he moved to an unfinished building between 23rd and 24th Streets. Among his later moves was one to an abandoned truck between 19th Street and Folsom. He has finally found an apartment.

He described how groups of three to five youth would travel in groups sleeping in abandoned cars or in the parks. Many had no money and would steal food in order to eat.

These groups may have the apperance of dangerous gangs, but for the most part they are not. They are merely supportive peer groups. Enrique's case demonstrates that there are family "throwaways" among the U.S. resident Latino homeless.

A representative of Chinatown Youth Services stated that the runaways they counseled were primarily refugees from Vietnam; some were illegal aliens. Many of them had been sent to stay with relatives such as cousins or sisters who had little authority over them. These youth started their move away from the "families" first by cutting school, then they would run away from home. They find it easy to get around in Chinatown; they find temporary shelter in garages or in other unsupervised settings. Many of them join gangs and many commit crimes in order to survive. Very few get involved in prostitution, however, due to the language barrier. A major problem in assessing the number and needs of these youth is their very invisibility within Chinatown. According to Chinatown Youth Services, these youth are only seen when they are arrested and taken to the Youth Guidance Center.

Foster care children who fail in placements appear to be candidates for membership in the homeless population. Children often lose contact with their families once in placement. In a study of 231 youth and 106 parents in high-risk families in San Francisco, only one in five youth went home even for a short period once in placement. Many of these high-risk youth had been through a revolving door of placements.

In a three-month period, the city's emergency shelter for children run by the Children's Home Society reported that there were 45 teenagers categorized as replacement children. To quote from the report, "This means that these are children who have been in shelter previously. Of those 45, two came from their own homes, thirteen came from foster homes, and 30 came from group homes or institutional placements." The Coleman report on high-risk youth found that runaways were much higher among foster care children than among the non-foster care population.

Many of the runaways from out of the county and out of state also seem to be placement failures. One 17-year-old girl told her history of disasters prior to her run to San Francisco:

"Brandy" had been badly physically and sexually abused by her father between the ages of eight and 12 years old. The county had placed her in foster homes which didn't work out and she ran away from them. Then she was placed in a group home. She had liked the group home--"They didn't harrass you and force you to talk"--but she had been taken away from the group home and returned to her parents where the abuse began again. She had run away then and been picked up and returned to the receiving home. Afraid of being returned to her parents again, she had fled to San Francisco. To her, the social service system seemed more responsive to her abusive parents than to her. "Everyone seemed out to hurt me. I have to do for myself." To do for herself as a young female runaway in San Francisco meant giving up her body in exchange for favors and necessities.

She lived under abandoned train cars when she first came to San Francisco. She ate at St. Anthony's Dining Room but was afraid of the disheveled single men that dominated the place. She began to be afraid she would start looking like them soon enough while living on the streets. Despite her fears, she was sure of one thing; she did not want to contact local social service agencies because they would contact her parents, and all her past experience told her that she would be turned over to them. She wanted a safe, non-judgmental place to sleep, to shower, to sit and not be hassled. She did not want to have to talk about her experiences about a "man who says he loves you then does all sorts of terrible things," because she did not want to believe her parents were wrong. Caught in this dilemma she gravitated to other street kids and learned to live on the streets. She found a much older man to care for her and bore his child. And she continued to be victimized by him and by others.

There are other problems faced by foster care youth that have led to homelessness. One major problem is the difficulty of finding a placement for older teens. Most group homes and foster homes want at least a year's commitment (less than that and they feel they cannot have any significant therapeutic impact). Reagan administration changes in foster care rules, however, limit federal payments to children under the age of 18. The court will take jurisdiction if older juveniles are judged to be status offenders, but even then it is a major struggle to find a support system for these children.

Once youth turn 18, they must be discharged from the foster care system. They may have neither the resources nor the ability to make do on their own. In New York City, over half of the young people seen by social service agencies after discharge from foster care are in need of housing--either emergency or permanent. "It is plain that those youth with a foster care history are particularly apt to be homeless" (Citizens' Committee for Children of New York, et al., 1983). In San Francisco, there is no tracking system to follow 18-year-olds discharged from foster care. While in the system, an emancipation plan is supposed to be established six months prior to the 18th birthday and motivated children are assisted in getting their GED or vocational skills. However, there are many youth who are not ready for independent living. They don't have the skills or motivation; sometimes it is also difficult to get parents and child to agree on an emancipation plan. A special problem facing the social service system are those older youth in foster care who are mentally ill.

C. WHAT PROBLEMS DO THESE YOUTH PRESENT AND WHAT SERVICES DO THEY NEED?

The primary service needs result from the children's lack of adequate shelter, lack of nutrition, lack of guidance, and their lifestyle. Latino homeless youth survive by sleeping in doorways, parks and any available space which provides

protection from the elements. They usually eat one meal a day at a public dining facility, which is a contributing factor to their malnutrition. Richard Brown of San Francisco General Hospital asked: "What is life like for these young people without a stable living situation? From the health point of view they are at constant risk for lack of good nutrition, hygiene, and adequate privacy and rest. They often come to medical clinics under the most dire situation and are therefore undertreated. Health is a low priority for them when they are struggling for their own survival."

The homeless youth presented a wide variety of medical and mental health complaints. Many had sexually transmitted diseases, untreated infections, drug and alcohol abuse problems, poor dental condition from poor hygiene, and psychosomatic disorders such as gastritis, peptic ulcer disease, gastroenteritis, headache and chronic coughs. Mental health problems ranged from depression, adjustment reactions and depression, acute identity confusion, acute anxiety reactions, grief reaction, sexual identity crisis, personality disorders and suicidal behavior.

Most presenters who testified at subcommittee hearings stated that noninstitutional housing was a critical need for this population. Vice Squad Officer Sue Pavloff felt that hundreds of beds could be filled by the youths she knew on

the street. Mimi Silbert stated that Delancy Street got thousands of calls a year from young prostitutes seeking a haven. OBECA/Arriba Juntos and the Vietnamese Youth Development Center representative stated that 30% of those currently enrolled in their programs between the ages of 16 and 21 were in dangerously insecure housing situations.

The local police are often the first and only contact for homeless youth. Informal discussions with police in areas with large concentrations of juvenile homeless indicated intense frustration with the situation. Many of the officers felt that Juvenile Hall had proved a revolving door for these youth. Many officers were not aware of alternative services such as those provided at Hospitality House. Several police personnel expressed a strong interest in an education about the availability of the current social services in the city.

When employment opportunities cannot be identified, many homeless youth turn to prostitution as a means for survival. Police estimate that there are an equal number of boys and girls who are currently prostituting in San Francisco.

The number of homeless youth who are supporting themselves by prostituting is very difficult to determine. The police only arrest about one juvenile a week for prostitution. However,

the Vice Squad and Juvenile Bureau estimate there were hundreds of youth involved in prostitution. Captain Gray of the Juvenile Bureau of the San Francisco Police Department stated that the police try to deal with the widespread juvenile prostitution by picking up the youth on status offenses. He stated that the police records of miscellaneous arrests actually hide many prostitution arrests. In July, 68 youth were picked up and booked on miscellaneous arrests (blocking a sidewalk, etc.). This is about average for the year. Northern Station, which patrols the Polk Street area, estimated there were 40 to 50 hard-core juvenile prostitutes on that street at any one time.

Almost all the service agencies and police expressed discouragement about reaching female juvenile prostitutes. Many people commented that pimps and madams tightly control this population, making it extremely hard to reach the girls or to extricate them from their street life. In addition, the girls' psychological profile as "victim" seems to hinder them even when social service agencies have managed to contact them.

Many of the juvenile prostitutes also do drugs. In her research Mimi Silbert found that one-half of 200 female prostitutes started in prostitution in order to support their drug habit. Dave Robinson of the Narcotics Bureau stated that most of the young prostitutes worked just enough to

support their drug habits. Pimps used drugs to entice runaways into prostitution. Robinson cited one of his recent cases of a young female runaway from Kansas who got involved with a pimp who hooked her on speed. She had fake identification that stated her age as over 18 and she ended up with four felony arrests before being spotted as a juvenile. John, the young ex-street prostitute, noted that the boys on Polk Street would often turn to selling drugs when they wanted to get out of hustling.

Many of these young people fall between the cracks in the system of services available to these youth. For some, it is their own choice. Many street youth look old enough to obtain identification which allows them to pass as adults. This gets them into bars and it also gets them treated as adults rather than juveniles by the police and the courts. If arrested as an adult, they face less processing, get back on the street faster, and often are only sentenced to counseling rather than suffer incarceration for a lengthy period while the authorities try to figure out whether to place the child or send him back home.

For those youth who do get identified as juveniles or do present themselves for services, systematic care is problematic. Obvious cases of abuse of local youth will fall under the aegis of Children's Protective Services, but runaways without obvious signs of abuse are considered the

responsibility of the police and juvenile courts. Many homeless youth fear the juvenile justice system and will not make use of its services. Besides, the law strictly limits secure detention of status offenders. In no case may status offender be detained against his or her will for more than 72 hours. This is based on the perception that since status offenses would not support detention of an adult, a youth involved in a status offense should not be detained against his or her will and that the conditions which lead to status offenses can only be successfully dealt with through voluntary cooperation. This leads to the frustrating situation of having youth released back to the streets out of YGC when they refuse to cooperate in getting appropriate services.

Out-of-county and out-of-state youth are particularly likely to suffer from the lack of consistent and thorough social support and follow-through. Representatives of agencies and community mental health cited many cases in which any continuity of care was frustrated by the city's inability to take financial and social responsibility for out-of-county youth. Under the interstate compact many of these children have to be sent back to their home community. Case workers in San Francisco try to work out arrangements with the social service delivery systems in the home county or state but unless there remain some emotional ties with the former residence the social workers know that many children will soon run back to San Francisco.

Some children are resourceful. A counselor described one boy who came to San Francisco and naively called and asked for the number of the gay community. He managed to survive by scrounging food and places to sleep such as the gay bath-houses and he shoplifted clothes so he could be presentable for job interviews. He had no desire or intention to return to a homophobic family and community in Texas.

Others are not so fortunate; they cannot function at an emotional or mental level high enough to protect themselves. McAuley's, for example, sees approximately 100 out-of-county youth/year who are severely emotionally disturbed. They come from disorganized families, have histories of suicide, and tend to be severely depressed.

Those young adults over 18 years old sometimes cannot be placed in a conservatorship since they can take care of themselves, but with no family or friends, they display angry and psychotic symptoms. They oftentimes resist the services of private as well as public agencies. Ultimately, these disturbed children are left with no housing and no resources. Those youth returned home tend to re-appear in San Francisco after a short stay in their home environment.

What Assistance Is Available?

At the beginning of the Subcommittee's work, the resources available to homeless youth were extremely limited. Outside of the 20 beds within Juvenile Hall for the placement of status offenders, there were only 18 emergency shelter beds in San Francisco. Huckleberry House had six beds, Hospitality House had two beds at the YMCA and St. Anthony's Drop-In Center had ten beds for youth. However, the 10 beds at St. Anothony's are rather unattractive to youth because of the program orientation, hours and staff unfamiliarity with the population.

San Francisco has developed a network of individual and family counseling agencies to work with status offenders. While out-of-county youth can be serviced at these agencies, the primary focus of these agencies is to provide community-based support services to troubled youth and families who reside in San Francisco.

Free food is available to homeless youth in several locations throughout the city. St. Anthony's is justly renowned for its work among the homeless population of all ages. However, it and

other public dining facilities do not offer three meals a day. Also, the long lines and the large proportion of disturbed and/or disheveled men seems to discourage the juvenile population from using the facilities.

Children's Home Society and the Department of Social Services have worked out several alternatives for those neglected youth under their care. For younger children, D.S.S. has developed a number of therapeutic foster homes. For older children, the options are much more limited. However, Children's Home Society has recently established a special group home to address the needs of difficult-to-place youth. The aim of this particular program is to maintain these troubled youth in a supervised program in an effort to prevent them from joining the ranks of homeless youth.

Due to the availability of new funds and the increased attention given to the homeless youth issue, additional services were developed during the course of the Subcommittee's work. Catholic Social Services opened the Diamond Street Youth Shelter which provides emergency shelter, food and crisis counseling to homeless and runaway youth. The shelter has a 20 bed capacity and maintains Spanish-speaking staff to work with Latino youth.

Additional emergency shelter was also established by Hospitality House through funds made available through the Federal Emergency Food and Shelter Program (F.E.M.A.).

Monies allocated from the Mayor's Fund for the Homeless were utilized to open the Larkin Street Youth Center, a multi-service center for homeless youth. The center will be offering outreach, counseling, health, and referral services to youth in the Polk Street/Tenderloin areas.

The long-awaited Central Receiving Facility, the new community-based program that will perform the intake and shelter functions for status offenders, is scheduled to open in February, 1984. This project, operated by Youth Advocates Inc. in conjunction with the Juvenile Probation Department, will provide short term shelter (48 hours) and counseling to six youth at a time. The project will focus on reunifying local youth with their families.

Finally, a \$182,000 federal demonstration grant was awarded to Youth Advocates Inc. in an effort to develop and coordinate comprehensive services to homeless and runaway youth. Special attempts will be made to provide early intervention services and to reach juvenile females involved in prostitution.

In Summary, a total of 44 beds will soon be available for emergency shelter. There are accommodations for 10 youth at St. Anthony's, 6 beds at the Central Receiving Facility, 8 placements through Hospitality House, and a planned capacity of 20 youth through the Diamond Street Center. Youth Advocates has also submitted an application for federal funds which would provide for the establishment of six additional emergency shelter beds, thus bringing our total to 50 beds.

RECOMMENDATIONS

A. POLICY RECOMMENDATIONS

- *1. Youth should be reunited with their families where possible and appropriate; independent living services should be provided secondarily.
- *2. Runaway, homeless and abused youth should be provided services in small, community-based settings rather than in large, institutional environments, where appropriate.
- *3. Crisis services should be made available to all runaway and homeless youth. In individual cases, out-of-county and undocumented youth should be provided other necessary services by San Francisco agencies when this is in the best interest of the child.
- *4. All appropriate runaway youth should be directed by the Police Department and Juvenile Probation to the Central Receiving Facility, regardless of residency status or citizenship.
- *5. Suspected cases of abused and neglected youth should be referred to Children's Emergency Services of D.S.S., regardless of residency status. Children's Emergency Services should handle these cases in a manner consistent with the Committee's other recommendations and should not refer these children to the Juvenile Probation Department.
- *6. Appropriate follow-up services should be in place before out-of-county/undocumented youth are returned home. The San Francisco referring agency should follow up monthly for three months to assure that services are actually being provided.
- *7. The funding for local placement of appropriate out-of-county youth shall be the responsibility of the Juvenile Court and D.S.S. The establishment of criteria for local placement of these youth shall be the responsibility of the Juvenile Court and D.S.S. in consultation with other public and private agencies.
- *8. Agencies working with juveniles involved in prostitution should develop intervention strategies (including outreach and safe shelter) specialized and pertinent to young women and young men.

- *9. Local public and community-based youth-serving systems should be supported in their efforts to fill major service gaps in substance abuse and mental health services. Once all necessary services are in place they should be made available to all youth based on need rather than residency or citizenship status.

B. COORDINATION, STAFFING AND TRAINING RECOMMENDATIONS

- *1. All agencies serving homeless and runaway youth should conform within the law to consistent, citywide policies. This includes Police, Juvenile Court, Department of Social Services and private agencies.
- *2. Regularly scheduled meetings should be established among social service agencies working with homeless youth and the Department of Social Services, Juvenile Court, Juvenile Probation and Police Department, including the Juvenile Division, the Vice and Narcotic Units and relevant beat officers.
- *3. POLICE IN-SERVICE TRAININGS BY STAFF OF AGENCIES WORKING WITH HOMELESS YOUTH SHOULD BE INITIATED AND HELD ON A REGULAR BASIS FOR BOTH NEW RECRUITS AND OFFICERS RECEIVING "REFRESHER" TRAINING. AUDIOVISUAL AIDS SHOULD BE DEVELOPED FOR EDUCATIONAL PURPOSES.
- *4. Agencies serving runaway and homeless youth should participate in regular AB90/FCIU meetings for the purpose of coordination of services. Staff trainings and consultation should be made available to a network of service providers so as to support a consistent philosophical and clinical approach to working with this population.
- *5. MCJC staff and staff serving runaway and homeless youth should enter into discussions with the management of the Greyhound and Trailways Bus Lines, Traveler's Aid and neighboring businesses, such that a cooperative arrangement is established for outreach, referral and publicity aimed at runaway and homeless youth.
- *6. All services to runaway and homeless youth, particularly the 24-hour crisis hotline at Youth Advocates, should be effectively publicized throughout the entire community by participating agencies and MCJC.
- *7. All agencies serving homeless and runaway youth should be trained and staffed to assure maximum sensitivity to the needs of ethnic and sexual minority youth and to assure bilingual capacity where appropriate.

C. RECOMMENDATIONS REGARDING SERVICES NEEDED

Early Identification and Intervention

- * Multi-service/drop-in centers - located in target communities, offering health, counseling, outreach, street work, education, legal and employment services.

Short-Term Crisis Programs

- * Beds at foster/group homes, hotels, churches--offering 72-hour maximum stay, having permanent locations, and capacity between 6 and 12 youth each.

Transition Programs

- * Shelter provided for a six week to six month basis to allow for planning and establishment of a long term, living environment. Employment and/or educational services would be attached.

Long-Term Programs

- * Specialized foster/group homes--including mental health and substance abuse treatment centers, staff appropriate to and trained in working with homeless young people, especially non-English speaking and sexual minority youth.

The services listed above should be available to any homeless youth throughout the city. While the primary congregation areas of homeless youth appear to be the Polk Street/Tenderloin and Mission areas, outreach services should be provided citywide, especially including the housing projects, the beach area and Chinatown.

D. IMPLEMENTATION RECOMMENDATIONS

- *1. MCJC should monitor the implementation of the plan, reviewing its status and programs on a quarterly basis.
- *2. All recommendations that have no new cost attached should be implemented immediately.
- *3. The Juvenile Justice Commission, the Delinquency Prevention Commission, the Social Services Commission and the Police Commission should provide oversight and future planning for these recommendations.
- *4. Current programs, after careful review and demonstration of satisfactory performance, should be maintained as a first priority. This should include outreach, referral, counseling, medical, employment, legal services, food and shelter programs for homeless youth.

- *5. With the support of MCJC, public and private agencies should look to State and Federal legislation which would facilitate local reimbursement for placements of out-of-county youth.

APPENDIX A

DATE: 1 DECEMBER 1983

FROM: JON HERZSTAM, CHAIR
HEALTH AND EDUCATION COMMITTEE

TO: RUSS ZELLERS, CHAIR
HOMELESS YOUTH SUBCOMMITTEE
YOUTH SERVICES TASK FORCE

INTERFACE BETWEEN MEDICAL, MENTAL HEALTH, SUBSTANCE ABUSE AND EDUCATIONAL SERVICES AND THE MULTI-SERVICE CENTER FOR YOUTH.

Committee Members:

Francis Smith, Director of Children's Services - D.P.H.
Nancy Presson, Director - Division of Drug Programs - D.P.H.
Lynne Spear, Adolescent Team - D.P.H.
Sue Thornley, Adolescent Team - D.P.H.
Pat Hultgren, Director of S.F. Educational Services
Ira Friedman, M.D. - Robert Wood Johnson Project
Janet Shalwitz, M.D., Medical Director at Youth Guidance Center -
Forensic Services - D.P.H.
Jon Herzstam, Coordinator of Sexual Minority Youth Program,
Center for Special Problems - Forensic Services - D.P.H.

The Committee did a thorough and creative job in making the following recommendations. We did not negotiate with any programs or agencies regarding staff availability of funding. Our task was to recommend what we felt would be an appropriate format for the delivery of health and educational services in a youth center for the Polk Gulch - Tenderloin areas.

Mental Health Services

I Training and Consultation (Indirect Services)

- A. Resource and knowledge of M.H. systems
- B. Mental Health needs specific to target populations
- C. Developmental issues specific to target populations
- D. Counseling techniques specific to target populations
- E. Screening clients for appropriateness of on-site
counseling vs. referral
- F. On-going consultation

II On-site Direct Services

- A. Crisis Intervention - assessment, triage and consultation available on an "on call" basis.
- B. Mental Health Clinician available for a 4-hour shift per week to do assessments and consultation.
- C. Interns to carry on-site caseloads - providing individual and group counseling services.
- D. On-site supervision of interns. (Interns should be based at outside Mental Health Agencies.)

III Agencies/Departments Identified to Provide Services

- A. CMHS - Children's Services
- B. Forensic Health Services
- C. Children's Crisis Service
- D. McAuley's

Problems/Issues:

The main problem that surfaced in discussion is the policy regarding delivery of mental health services to out-of-county youth. Any type of psychiatric care with the exception of acute emergency services is available to San Francisco residents only. This explains the reason for on-going counseling services in the site itself. This could be provided through an intern program based at an outside agency. Negotiations and coordination with outside services regarding policy changes or exceptions would be necessary. An example is in-patient psychiatric services. These should be available to designated youth without their being transported back to "county of origin."

Substance Abuse Services

I Consultation

- A. Clinical: On an as-needed and/or regular basis. Ideally, regularly scheduled consultation with staff. Henry Ohlhoff House which has a residential program and a youth program dealing with alcohol is a possibility; also 18th Street Services, a gay alcohol service and/or Youth Awareness, a Westside Youth Drug Program (also see medical below).
- B. Medical: Consultation on the effects of drugs, need for detoxification (also see training below). The Haight

Ashbury Clinic offers detoxification from any substance that can be safely detoxed on an outpatient basis; this is possibility for on-going medical consultation and referral for drug specific treatment. AETC, the inpatient alcohol detox program at SFGH, is a similar resource for alcohol issues.

- C. Attitudes about Drug/Alcohol Use at the Center - Ground rules regarding can you come to the drop-in Center when you are loaded? What happens if you do? What is the relationship between police and the Center in regards to drugs/alcohol? Is it a sanctuary? These questions must be addressed. CSAS will be able to provide consultation around these issues.

II Training - need for preliminary assessment and referral skills. Since there are few referral resources, ability to give peer counseling is needed. Suicide Prevention offers its volunteers training which include a segment on drug emergencies for answering its Drug Line. This training may be appropriate for this staff. CSAS can also coordinate training from other providers to meet the needs of the Center staff.

III On Site Services - Enrichment of program by regularly scheduled group on substance abuse provided by drug providers. Youth Awareness Program of Westside is a possibility.

IV Overdose - staff would need some knowledge of what to do in the event of an overdose. CPR training is useful and posting of emergency procedures. Medical back-up resources can address this issue or one of the resources under medical consultation above.

Problems/Issues:

The Committee was concerned about the capability of agencies to take on the additional referrals of out-of-county youth. While it is felt that policy regarding drug treatment of these youth in San Francisco may be more flexible, the availability may be limited, i.e., bed space at Walden House or other residential facilities.

The Committee agreed that mental health and substance abuse services must not only be tightly coordinated but combined in the delivery of counseling services. This target population has generally integrated serious drug abuse problems with nearly all mental health problems. Counselors, therapists and consultants should be skilled in both modes of treatment.

Medical Services

I Training/Consultation

- A. Entire service center staff trained in C.P.R. and First Aid.
- B. Basic health assessment, screening and knowledge of medical resources.

II On-Site Services

- A. Para-professional staff member designated as "medical expert" for assessment, referral and liaison to outside medical services.
- B. Two three hour clinics - 4 - 7 p.m. staffed by a nurse practitioner or medical doctor.
- C. Experimental clinics with specific foci.
- D. A.I.D.S. education and information services.

III Back-up Services

- A. Treatment of sexually transmitted diseases.
- B. Laboratory work.
- C. Hospital services.
- D. Public Health Centers and A.I.D.S. screening clinics.

Problem/Issues:

Opinions among Committee members varied regarding the success of operating a clinic in a youth service center. There is concern as to whether youth would be drawn to a neighborhood "mini clinic" as opposed to a large clinic or hospital which might appear more "professional." Other people felt that neighborhood clinics would be more accessible and that the delivery of medical services in a youth center is a strong message of credibility, tangible concern and advocacy. We drew no concrete conclusions and agreed that models in other major cities such as Los Angeles, New York and Seattle should be explored.

Educational Services

The provision of educational services was probably the most challenging and interesting of our Committee discussions. Those of us who have provided services to the target population know that, while education is important to them, their marginal "lifestyle" does not lend to accountability or consistent

motivation. Our experience and our suspicions lead us to believe that illiteracy and/or learning disabilities is a major and frequently hidden problem. We agreed that most homeless and runaway youth would do not perform adequately or be well received in traditional and even alternative classroom settings. Few programs have been tried, but those that have been successful in demonstrating motivation have had an employment focus.

Since little is known regarding the delivery of educational services to this population, we recommend some on-site experimental programming with careful monitoring and research. These programs should be designed and delivered by skilled personnel with the back-up of a student intern program and/or volunteers. (It was felt that while volunteer educational services will be important, the design and implementation of programs for the "hard to motivate" is best accomplished by paid, professionally trained people.) Some basic ideas from the Committee included:

1. Combination of assessment and teaching to determine level of illiteracy and learning disabilities.
2. Teaching through a combination of small groups and individual tutoring within the multi-service center.
3. Focus on preparation for the GED when youth are eligible at age 17 1/2.
4. Focus on employment (i.e., filling out applications, preparing resumes, vocational training).

Pat Hultgren, Director of San Francisco Educational Services, reported that she would make her agency available on a very limited basis in the development of an education project. She stressed, however, that there is a need for funding in order to provide a comprehensive type of program. Other organizations and agencies that might provide consultation or assistance are:

1. S.F. State College
2. Community College Board
3. Project Read/Olive Gamble, 621-READ or 558-3770.
4. Center for Independent Study/Unified School District.
5. School Volunteers of the S.F. Educational Auxiliary.

Included with this report is a list of agencies that provide alternative or specialized services. They may be helpful as well.

cc: Francis Smith, Director of Children's Services D.P.H.
Nancy Presson, Director - Division of Drug Programs - D.P.H.
Lynne Spear, Adolescent Team - D.P.H.
Sue Thornley, Adolescent Team - D.P.H.
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Center - Forensic Services - D.P.H.
Jon Herzstam, Coordinator of Sexual Minority Youth Program,
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Sanford Harris, Director of Center for Special Problems
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REFERENCES

TESTIMONY

Edwin Sarsfield, General Manager, Department of Social Services

Joseph Botka, Chief Juvenile Probation Officer

Sue Pavloff, Juvenile Prostitution, Vice Squad, S.F.P.D.

Dave Robinson, Narcotics Bureau, S.F.P.D.

Mimi Silbert, Ph.D., Co-President, Delancy Street Foundation

Bruce Fisher, Principal, URSA Institute

Richard Brown, M.D., Director of Adolescent Services, SFGH

Mary Ann McKale, Children's Mental Health Services

Jon Herzstam, Counselor, Center for Special Problems, Forensic
Services

Rashan Sanchez, Huckleberry House

Randy Mecham, Executive Director, Youth Advocates, Inc.

Danile Ostrow, McAuley's Adolescent In-Patient Unit

Dr. Wayne C. Smith, Metropolitan Community Church

John Russell, youth, Huckleberry House Employment Program graduate

Richard Arthur, DSS

Joe Narvid, Children's Home Society

Byron Brary, Juvenile Probation Officer

Dennis Sweeney, Juvenile Probation Officer, FCIU

John Stalkamp, DSS

Lennie Herman, DSS

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